Provider Inquiries: STAR+PLUS Nursing Facility Services

This document has been prepared to provide an integrated resource of contact information specifically for use by Nursing Facility Providers.

Effective March 1, 2015, STAR+PLUS managed care organizations (MCOs) will begin paying providers for most Medicaid nursing facility services for Medicaid recipients ages 21 and older. Depending on which Medicaid service area a provider is located, a nursing facility may have residents enrolled in two or three of the following STAR+PLUS MCOs: Amerigroup, Cigna-Healthspring, Molina, Superior, United.

Services available to nursing facility residents and access to services provided by and in a nursing facility will not be impacted by transitioning services to the STAR+PLUS program. <u>What is changing is the entity responsible for paying for nursing facility services</u>. As of March 1, 2015, STAR+PLUS MCOs will pay for nursing facility unit rate, add-on and acute care services.

- **Nursing facility unit rate services** – These types of services are what is included in the Medicaid fee-for-service daily rate for nursing facility providers, such as room and board, medical supplies and equipment, personal needs items, social services, and over-the-counter drugs. The nursing facility unit rate also includes payment of applicable nursing facility rate enhancements and professional and general liability insurance. Nursing facility unit rates exclude nursing facility add-on and acute care services.

- **Nursing facility add-on services** – These types of services are provided in the facility setting by the nursing facility or another provider, but are not included in the unit rate. Add-ons include but not limited to ventilator care; tracheostomy care; emergency dental services; physician ordered rehabilitation services; customized power wheelchairs; and augmentative communication devices.

- **Nursing facility acute care services** – These types of services include preventive care, primary care & other medical care provided under the direction of a physician for a condition having a relatively short duration.

Providers will continue to bill **traditional fee-for-service Medicaid** for:
- Hospice services
- Preadmission Screening and Resident Review (PASRR) services
- Behavioral health services in the Dallas service area
- Nursing facility services for residents not assigned to an MCO, including individuals not eligible for STAR+PLUS, residing in Truman W. Smith Children's Care Center, or in State Veteran's Homes.

Additional Resources: To find out more about Medicaid Managed Care Initiatives and STAR+PLUS, please visit:
- STAR+PLUS MCOs by service area: www.hhsc.state.tx.us/medicaid/managed-care/mmc/STARPLUS-MRSA-map.pdf
- About Medicaid MCOs: www.hhsc.state.tx.us/medicaid/managed-care/plans.shtml
- Nursing facility transition to STAR+PLUS: www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-adding-nursing.shtml

- Medicare-Medicaid Dual Demonstration (in Bexar, Dallas, El Paso, Fort Worth, Hidalgo, and Tarrant counties): www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/
- Medicaid nursing facility resources: www.dads.state.tx.us/providers/NF/

Provider Inquiries: General Rules of Thumb

- Contact the appropriate MCO directly first and exhaust the MCO resolution process <u>before</u> filing a complaint with HHSC.
- Contact the <u>MCO</u> directly with:
  - Questions about claim adjudication, service authorizations of add on services, service coordination or an MCO portal
  - Appeals, grievances or dispute resolution re: MCO billing and pre-authorization
- Contact <u>DADS</u> with:
  - Service Authorizations regarding the daily rate
  - Reports of Abuse/Neglect/Exploitation (ANE) and regulatory concerns
  - Questions on rules, survey process, and licensing or certification NfRules@dads.state.tx.us
  - Questions on Medicaid policy, or for routing questions to appropriate specialists NF.Policy@dads.state.tx.us
  - Questions about Minimum Data Set (MDS) coding, completion or submission http://www.dads.state.tx.us/providers/mds/contact.html
- Contact the Medicaid claims administrator, the Texas Medicaid & Healthcare Partnership (TMHP) with:
  - Questions about the Long Term Care Medicaid Information (LTCMI) & Medical Necessity for NF MNLOC; completion & submission on the LTC Online Portal
  - Questions about billing fee-for-service
  - Requests to schedule a fair hearing for initial medical necessity denials
  - Technical issues with MESAV, TMHP electronic data interchange (EDI), the LTC Online Portal or TMHP TexMedConnect portal
- Contact <u>HHSC</u>:
  - Through the HPM Complaints mailbox if you do not feel your issue has been completely resolved by working with the MCO: HPM_Complaints@hhsc.state.tx.us
  - **For expedited managed care enrollment issues through April 1, 2015:** ManagedCareExpansion2015@hhsc.state.tx.us
  - **Following April 1, 2015, send NF related questions (including questions regarding enrollment issues) to:** Managed_Care_Initiatives@hhsc.state.tx.us

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Resident Enrollment

	TYPE OF INQUIRY:	REFER TO:	
1.	**Enroll with or change MCO** How does a resident enroll with an MCO or change MCOs?	Residents can call the Medicaid enrollment broker, **MAXIMUS**: 1-877-782-6440	
2.	**Timing of MCO enrollment:** On what date will a resident become enrolled in managed care?	Residents can call the Medicaid enrollment broker, **MAXIMUS**: 1-877-782-6440 Note: After the resident notifies MAXIMUS of the desire to enroll or change health plans, it can take 15-45 days for that to take effect and will always occur on the 1st of the month.	
3.	**Medicaid eligibility** How can a provider confirm a resident's Medicaid eligibility?	Providers can check Medicaid eligibility through the following online portals: (1) TMHP TexMedConnect Portal/MESAV (2) AIS-Automated Inquiry System	
4.	**Assigned MCO** How can a provider find out with which MCO a resident is enrolled?	Providers can check managed care enrollment through the following online portals: (1) TMHP TexMedConnect Portal (2) MESAV (3) AIS	
5.	**Technical issues** Who can a provider contact if he/she experiences technical issues with the online portals designated for checking eligibility and enrollment?	For technical issues with: (1) TMHP TexMedConnect Portal: (2) MESAV: (3) AIS:	Contact: 1-800-626-4117, Option 3 1-800-626-4117, Option 1 1-800-925-9126, Option 1

Billing

TYPE OF INQUIRY:		REFER TO:
	Basic billing	**A. Unit rate services**
6.	How should a provider submit a claim?	(1) Submit claims through the appropriate MCO portal
		a. Amerigroup: https://providers.amerigroup.com/pages/tx-2012.aspx
		b. Cigna-HealthSpring: https://starplus.hsconnectonline.com/login.aspx
		c. Molina: http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx
		d. Superior: https://provider.superiorhealthplan.com/sso/login
		e. United Healthcare: https://www.unitedhealthcareonline.com
		(2) Submit claims directly to the MCO through an electronic data interchange (EDI):
		a. Amerigroup 1-800-590-5745
		https://providers.amerigroup.com/ProviderDocuments/ALL EDIOverview.pdf
		b. Cigna-HealthSpring: http://starplus.cignahealthspring.com/Electronic
		c. Molina: https://provider.molinahealthcare.com/
		d. Superior: http://www.superiorhealthplan.com/for-providers/provider-resources/edi/
		e. United Healthcare: https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=3d90e6cb0227e210VgnVCM1000002f10b10a
		(3) Submit claims through the TMHP TexMedConnect portal: http://www.tmhp.com/Pages/LTC/ltc_home.aspx
		(4) Submit claims through TMHP EDI: http://www.tmhp.com/Pages/EDI/EDI_Home.aspx
		B. Add-on services
		(1) Submit claims through the appropriate MCO portal – as referenced above under (A)(1)
		(2) Submit claims directly to the MCO through EDI – as referenced above under (A)(2)
		C. Acute care services
		(1) Submit claims through the appropriate MCO portal – as referenced above under (A)(1)
		(2) Submit claims directly to the MCO through EDI – as referenced above under (A)(2)
		D. Fee-for-service
		(1) Submit claims through the TMHP TexMedConnect portal – as referenced above under (A)(3)
		(2) Submit claims through TMHP EDI: as referenced above under (A)(2)

7.	**Who to bill?** How does a provider know who to bill? *Examples of potential scenarios* *If a provider:* • *Does not know which STAR+PLUS MCO to bill.* • *Does not know whether to bill an MCO or TMHP.*	Providers can check Medicaid eligibility & MCO enrollment through the following online portals: (1) Texas Medicaid & Healthcare Partnership (TMHP) TexMedConnect Portal (2) MESAV (3) AIS If a resident has an assigned MCO, bill that MCO as provided above under 5. A., B., and C. If a resident does not have an MCO, bill fee-for-service as provided above under 5. D.

8.	**Billing issues**
	
	Where can providers go if they experience technical issues and cannot submit a claim?
	
	Examples of potential scenarios
	If a provider:
	• *Receives an error message.*
	• *Completes all required fields but the system will not accept the claim.*
		(1) Issues with an MCO portal
		    (1) Amerigroup: 1-800-454-3730 Tech Support
		    (2) Cigna-HealthSpring: 1-866-952-7596 hsconnecthelp@healthspring.com
		    (3) Molina: 1-866-449-6848
		    (4) Superior:tx_webapplications@centene.com
		    (5) United Healthcare: 1-866-842-3278
		(2) Issues with an MCO EDI:
		    (1) Amerigroup: EDI Hotline 1-800-590-5745
		    (2) Cigna-HealthSpring: http://starplus.cignahealthspring.com/Electronic
		    (3) Molina: 1-866-842-3278
		    (4) Superior: 1-800-225-2573 X25525 Payor ID 68069
		    (5) United Healthcare: https://www.unitedhealthcareonline.com
		(3) Issues with the TMHP TexMedConnect portal: 1-800-626-4117, Option 1
		(4) Issues with TMHP EDI: 1-800-626-4117, Option 3 or 1-888-863-3638

9.	**Claim status**
	
	How can a provider check on the status of a claim?
		STAR+PLUS MCO services (including unit rate, add-on and acute care services)
		(1) Check the appropriate MCO portal
		    a. Amerigroup: https://providers.amerigroup.com/Help/pages/login.aspx OR www.availity.com
		    b. Cigna-HealthSpring: https://starplus.hsconnectonline.com
		    c. Molina: https://provider.molinahealthcare.com
		    d. Superior: https://provider.superiorhealthplan.com/sso/login
		    e. United Healthcare: https://www.unitedhealthcareonline.com
		(2) Call the appropriate MCO:
		    a. Amerigroup: 1-800-454-3730
		    b. Cigna-HealthSpring: 1-877-725-2688
		    c. Molina: 1-855-322-4080
		    d. Superior: 1-877-391-5921
		    e. United Healthcare: 1-866-842-3278
		
		Claims for Fee-for-service Nursing Facility residents (including daily care and add-on services)
		Check the TMHP TexMedConnect portal: http://www.tmhp.com/Pages/LTC/ltc_home.aspx
		Claims Status Inquiry 1-800-626-4117 Option 1

10.	**Concern with claim status**
	
	Who can a provider contact if they have questions about the status of a claim?
	
	Examples of potential scenarios
	If a provider:
	• *Does not know why an MCO pended a claim.*
	• *Does not understand why an MCO denied or rejected a claim.*
		STAR+PLUS MCO services (including unit rate, add-on and acute care services): Call the appropriate MCO:
		   a. Amerigroup: 1-800-454-3730
		   b. Cigna-HealthSpring: 1-877-725-2688
		   c. Molina: 1-866-322-4080
		   d. Superior: 1-877-391-5921
		   e. United Healthcare: 1-866-842-3278
		
		Fee-for-service
		Call TMHP **1-800-626-4117 Option 1**

11.	**Concern with MCO**
	
	Who can a provider contact if an MCO is not responsive about a claim?
	
	Examples of potential scenarios
	If a provider:
	• *Is not paid for a unit rate service within 10-days from submitting a clean claim.*
	• *Is not paid the correct amount.*
	• *Experiences obstacles communicating with an MCO.*
		If a provider has a concern with a claim, always first contact the appropriate MCO:
		   a. Amerigroup: txstarplusprovider@amerigroup.com
		   b. Cigna-HealthSpring: 1-877-653-0331
		   c. Molina: 1-866-322-4080
		   d. Superior: 1-877-391-5921
		   e. United Healthcare: 1-866-842-3278
		
		If an MCO is not responsive, if payment is not timely, or if a provider has a complaint, contact HHSC Health Plan Management (HPM) Complaints staff: HPM_complaints@hhsc.state.tx.us
		Note: Filing a complaint with HHSC does not extend the MCO's timely filing timeframes or appeal deadline.

12.	**Appeals**
	
	How can a provider appeal a denied claim?
		If a provider has a concern with a claim, always first contact the appropriate MCO:
		   a. Amerigroup: 1-800-454-3730; www.Availity.com
		   b. Cigna-HealthSpring: http://starplus.cignahealthspring.com/Appeal
		   c. Molina: 1-866-322-4080; https://provider.molinahealthcare.com
		   d. Superior: 1-877-391-5921
		   e. United Healthcare: 1-866-842-3278; http://www.uhc.com/contact-us/texas
		
		If an MCO is not responsive, if payment is not timely, or if a provider has a complaint, contact HHSC Health Plan Management (HPM) Complaints staff: HPM_complaints@hhsc.state.tx.us
		
		Fee for Service:
		Inquiries on appeals for denied claims TMHP 1-800-626-4117 Option 1

Authorizations & Service Coordination

TYPE OF INQUIRY:	REFER TO:

Authorizations
 	
13. How does a provider request a service authorization?
 	
Examples of potential scenarios
If a provider needs authorization of:
• *Add-on services*
• *Acute care services*
	STAR+PLUS MCO services:
	For add-on and acute care services, providers can request authorizations from an MCO using the:
	(1) MCO portal
	    a. Amerigroup: https://providers.amerigroup.com/Providerdocuments/
	    b. Cigna-HealthSpring: https://starplus.hsconnectonline.com
	    c. Molina: https://provider.molinahealthcare.com/
	    d. Superior: https://provider.superiorhealthplan.com/sso/login
	    e. United Healthcare: http://www.unitedhealthcareonline.com/
	(2) MCO website
	    a. Amerigroup: https://providers.amerigroup.com/pages/tx-2012.aspx
	    b. Cigna-HealthSpring: http://starplus.cignahealthspring.com/PALTSS
	    c. Molina: https://provider.molinahealthcare.com/
	    d. Superior: www.superiorhealthplan.com
	    e. United Healthcare: www.unitedhealthcareonline.com
	(3) Form available in the MCO provider manual
	    a. Amerigroup: http://providers.amerigroup.com/ProviderDocuments/TXTX_Caid_ProviderManual.pdf
	    b. Cigna-HealthSpring: http//:starplus.cignahealthspring.com/
	    c. Molina: https://provider.molinahealthcare.com/
	    d. Superior: http://www.SuperHealthPlan.com/for-providers/provider-resources/training/
	    e. United Healthcare: www.unitedhealthcareonline.com
	(4) Contacting the MCO service coordinator
	    a. Amerigroup: HP Support Line 1-866-696-0710
	    b. Cigna-HealthSpring: 1-877-725-2688
	    c. Molina: 1-855-322-4080
	    d. Superior: 1-877-277-9772
	    e. United Healthcare: 1-866-842-3278
	
	Fee-for-service
	Call DADS Provider Claims Service: 512-438-2200 Option 1

14.	**Authorization reconsideration**
	
	How does a provider request reconsideration of a denied service authorization?
	
	Examples of potential scenarios
	If a provider needs authorization of:
	• *Add-on services*
	• *Acute care services*
		STAR+PLUS MCO services (for add-on and acute care services)
		(1) Contact the appropriate MCO
		    a. Amerigroup: 1-866-696-0710
		    b. Cigna-HealthSpring: 1-877-725-2688
		    c. Molina: 1-855-322-4080
		    d. Superior: 1-877-391-5921
		    e. United Healthcare: 1-866-842-3278
		
		(2) If an MCO is not responsive, if authorizations are not timely, or if a provider has a complaint, contact HHSC Health Plan Management (HPM) Complaints staff: HPM_complaints@hhsc.state.tx.us
		
		Fee-for-service
		Call DADS Provider Claims Services 512-438-2200 Option 1

15.	**MCO service coordinator**
	
	How does a provider know who a member's MCO service coordinator is?
		MCOs will designate a service coordinator for all STAR+PLUS residents. These service coordinators will visit residents at least quarterly, help identify and address residents' physical, mental or long term needs, assisting residents and families understand benefits, and ensure access to and coordination of needed services.
		
		To determine who a resident's designated service coordinator is and to contact the MCO service coordinator, contact the appropriate MCO
		    a. Amerigroup: 1-800-454-3730
		    b. Cigna-HealthSpring: Provider Support 1-877-653-0331
		    c. Molina: 1-855-322-4080
		    d. Superior: 1-877-277-9772
		    e. United Healthcare: 1-877-842-3210

16.	**Change MCO service coordinator**
	
	How can a resident request a new MCO service coordinator?
		If a resident would like to change MCO service coordinators, contact the appropriate MCO
		    a. Amerigroup: 1-800-454-3730
		    b. Cigna-HealthSpring: 1-877-725-2688
		    c. Molina: 1-855-322-4080
		    d. Superior: 1-877-277-9772
		    e. United Healthcare: 1-877-842-3210

17.	**Concerns about MCO service coordinator**
	
	 How can a resident request a new MCO service coordinator?
		To file complaints or concerns about an MCO service coordinator, contact the appropriate MCO
		    a. Amerigroup: txstarplusprovider@amerigroup.com
		    b. Cigna-HealthSpring: 1-877-653-0327
		    c. Molina: 1-855-322-4080
		    d. Superior: 1-877-277-9772
		    e. United Healthcare: 1-877-842-3210
		
		 If an MCO is not responsive or if a provider has a complaint, contact HHSC Health Plan Management (HPM) Complaints staff: HPM_complaints@hhsc.state.tx.us

18.	**Pharmacy/medication/formulary**
	
	 Who should a provider contact for questions about pharmacy, medication or formulary?
		For pharmacy questions, contact the appropriate MCO
		    a. Amerigroup: http://www.txvendordrug.com/pdl/ and 1-877-440-3621
		    b. Cigna-HealthSpring: http://starplus.cignahealthspring.com/SPPharmacy 1-877-653-0331
		    c. Molina: https://provider.molinahealthcare.com/
		    d. Superior: 1-866-768-0468
		    e. United Healthcare: 1-877-842-3210
		
		 Questions related to the formulary or Preferred Drug List can be sent to:
		 VDP-PhcyResolution@hhsc.state.tx.us 1-800-435-4165

Nursing Facility Admissions & Discharges

TYPE OF INQUIRY:		REFER TO:
19.	**Supplemental Security Income (SSI) eligibility** How can a resident apply for SSI?	Contact the federal Social Security Administration (SSA): http://www.ssa.gov/onlineservices/
20.	**Applying/reapplying for Medicaid** How can a resident apply or reapply for Medicaid?	(1) Visit yourtexasbenefits.com (2) Call 2-1-1 Option 2 after language selection
21.	**Issues with Medicaid enrollment** Who should a resident contact if he/she should be eligible for Medicaid but was denied?	(1) Call 2-1-1 Option 2 after language selection (2) If you cannot connect to 2-1-1, call 1-877-541-7905 (3) HHSC Ombudsman: http://txheart.dhs.state.tx.us/heartwebextr/hhscOmd
22.	**Level of Care/Minimum Data Set (MDS) Submission/Resource Utilization Group (RUG) level** How does a provider submit documentation for a newly admitted resident?	The transition to STAR+PLUS does not change the manner in which providers submit admission/discharge forms (including 3618/3619 forms and MDS) or how medical necessity and RUG levels are determined. Requirements for resident assessments for licensed and Medicaid certified NF under the Department of Aging and Disability Services (DADS) Texas Administrative Code (40 TAC §19.801) apply. Medicaid certified NF must also comply with the requirements for resident assessments under CFR 483.20. In addition, the process and coding instructions for MDS contained in the LTC Facility Resident Assessment Instrument (RAI) User's Manual v3.0 must be followed. MDS Assessments are submitted to the federal CMS data base and if accepted, a RUG level is determined. These are retrieved by TMHP nightly and loaded onto the LTC Online Portal with a status of *Awaiting LTC Medicaid Information.* Once the LTCMI has been successfully completed and submitted, TMHP begins the Medical Necessity (MN) determination process. TMHP has responsibility of reviewing submitted MDS assessments to determine MN. Once reviewed, the submission is either Approved as meeting MN or placed in a Pending Denial status (need more information). Send additional information, as warranted, to determine final status. If denied, resident/responsible party may appeal.
23.	**Quality Measures (QM) reports** How does a provider receive QM reports?	The transition to STAR+PLUS does not change the manner in which providers receive QM reports. For MDS 3.0, NF providers submit MDS, which are used to generate Quality Measures Reports in both CASPER and Nursing Home Compare/5 Star Rating. NF must have a CMSNet account to access the CMS secure network AND a QIES Submission account to access the MDS CASPER Reporting application. If NF does not have these accounts, please visit: https://www.qtso.com/ To access the report, visit the CMS QIES Systems for Providers page at: https://mds.qiesnet.org/mds_home.html Select the CASPER Reporting link and enter your QIES Submission User ID and password

	Concerns with MDS and RUG levels Who can a provider contact if he/she has concerns with a resident's MDS or RUG?	In cases where a provider has concerns that the severity of a resident's condition and the approved level of care are not consistent: (1) Contact DADS MDS Clinical Coordinator: Cheryl.shiffer@dads.state.tx.us – RAI User's Manual policy (2) Contact TMHP Long-Term Care Operations: LTCOPS-Escalation@tmhp.com (3) Contact a TMHP nurse: 1-800-626-4117 Option 2 The approved level of care (LOC) is assigned at the CMS Federal level before they are retrieved by TMHP and loaded into the LTC Online Portal. Any change that would come from a re-evaluation after modification was made by the provider and sent to the CMS data base.
24.	**Appeals & fair hearings** How can a resident file an appeal or fair hearing concerning denied medical necessity?	If medical necessity for NF level of care is denied, residents/responsible parties may: (1) **File a fair hearing request with the State** (within 90 days): contact TMHP 1-800-626-4117 Option 5
25.	**Duplicative services/enrollment** Who should be contacted if a resident is enrolled to receive both nursing facility and community services—or is enrolled with two different Medicaid ID numbers?	In cases where residents are not enrolled to receive the right types of services or are enrolled more than once, contact: Medicaid for the Elderly and People with Disabilities (MEPD) 903-927-0329

26.	**Discharge to community setting**
	Who can assist a provider in transitioning a resident into the community?
		To facilitate transitioning a resident into a community setting, providers may contact:
		(1) MCO service coordinator
		To determine who a resident's designated service coordinator is and to contact the MCO service coordinator, contact the appropriate MCO
		    a. Amerigroup: 1-800-454-3730
		    b. Cigna-HealthSpring: 1-877-725-2688
		    c. Molina: 1-855-322-4080
		    d. Superior: 1-877-277-9772
		United Healthcare: 1-877-842-3210
		(2) HHSC STAR+PLUS Program Support Unit (PSU) staff: Program_Support_Unit@hhsc.state.tx.us
		(3) DADS relocation specialists: : http://www.dads.state.tx.us/providers/NF/secqreferrals/
		(4) Aging and Disability Resource Centers (ADRCs) in Texas:
		http://www.dads.state.tx.us/services/adrc/locations.html
		(5) Area Agencies on Aging Ombudsman: www.dads.state.tx.us/contact/aaa.cfm

Nursing Facility Operations

	TYPE OF INQUIRY:	REFER TO:
27.	**Contracting, licensing, change of ownership** Who should a provider call with questions or concerns related to nursing facility licensing or changes in ownership?	Providers should contact DADS Regulatory staff: 512-438-2630 http://www.dads.state.tx.us/providers/NF/howto.html
28.	**Reports of alleged abuse/neglect/exploitation** (1) Who should a provider contact in cases of ANE alleged against NF staff? (2) Who should a provider contact in cases of ANE alleged against persons known to them outside of the NF? (3) Who should the provider contact for assistance in advocating for resident rights?	Providers should contact: (1) DADS Consumer Rights and Services staff: 1-800-458-9858 (2) Adult Protective Services Abuse Hotline 1-800-252-5400 (3) Office of the Long-term Care Ombudsman: 1-800-252-2412 Note: By law, provider should notify local law enforcement on ALL self-reports to DADS and for any stranger perpetrations of alleged ANE (i.e., theft, assault).
29.	**Regulatory questions** Who should a provider contact for general regulatory questions?	Providers should contact DADS Regulatory staff: 512-438-3161
30.	**Trust fund monitoring** Who should a provider contact for questions/concerns about trust fund monitoring?	Providers should contact DADS Trust Fund Monitoring: 512-438-5824 or Sandra.moore@dads.state.tx.us
31.	**Report Medicaid fraud, waste and abuse** How can providers report potential cases of Medicaid fraud, waste and abuse?	**Recipient fraud or abuse** Office of Inspector General: 1-800-436-6184, https://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx **Provider fraud or abuse** Attorney General of Texas: MFCU@texasattorneygeneral.gov, (512) 463-2011 , fax (512) 320-0974 **Other fraud, waste or abuse** State Auditor's Office: https://sao.fraud.state.tx.us/Hotline.aspx

Other Provider Questions/Concerns

	TYPE OF INQUIRY:	REFER TO:
32.	**General provider service questions or concerns for STAR+PLUS residents**	Contact the appropriate MCO Provider Relations a. Amerigroup: txstarprovider@amerigroup.com or 1-866-696-0710 b. Cigna: 1-877-653-0331 c. Molina: 1-855-322-4080 d. United: 1-877-842-3210 e. Superior: 1-877-391-5921
33.	**Complaints about MCO policy, practices or staff**	(1) Consult the appropriate MCO contact as listed in the MCOs' Nursing Facility Provider Manuals. (2) If an MCO is not responsive or if a provider has a complaint, contact HHSC Health Plan Management (HPM) Complaints staff: HPM_complaints@hhsc.state.tx.us (3) Call the Office of the Ombudsman Medicaid Managed Care Helpline: 1-866-566-8989
34.	**General questions** – including inquiries about Medicaid managed care, STAR+PLUS, the transition of nursing facility services, or the Medicare-Medicaid dual demonstration	Email HHSC staff: Managed_Care_Initiatives@hhsc.state.tx.us
35.	**Pre-admission screening and Resident Review (PASRR) specialized services**	DADS Access & Intake PASRR: 1-855-435-7180 or 512-438-3028 Note: Starting March 1, 2015, it will be required that MCO staff authorizing rehabilitation services as requested by NF first determine if the resident is eligible for PASRR specialized services. If the resident is eligible for PASRR specialized services, the request for prior authorization for rehab services will be denied and a referral provided to the requesting NF to contact the DADS PASRR Unit.

| 36 | **Other long-term services and supports resources available to residents** | Office of the Long-term Care Ombudsman: 1-800-252-2412 and/or http://www.dads.state.tx.us/contact/mlo.cfm

Consumer Rights: http://www.dads.state.tx.us/services/crs/

Area agencies on aging: http://www.dads.state.tx.us/contact/aaa.cfm, 1-800-252-9240

Local authorities: http://www.dads.state.tx.us/contact/la.cfm

DADS Long-term Services and Supports contacts: http://www.dads.state.tx.us/contact/DADSServicesByCounty.html

Questions regarding Resident Personal Needs Allowance: DADS Provider Claims Services 512-438-2200 Option 2 |